

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-876)</small>							<small>SERIAL NO.</small> 97657446	<small>FILING DATE</small> 8/5/04								
							<small>APPLICANT(S)</small>									
8-5-04 CLAIMS																
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
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TOTAL IND.	6		1													
TOTAL DEP.	44		1													
TOTAL CLAIMS	50		2													

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